

REQUEST FOR APPROVAL OF NEW OR REVISED REPORTING REQUIREMENT				DATE OF REQUEST	
TO:					
THROUGH:					
1. PERSON TO CONTACT REGARDING REPORT		NAME		ROOM NO.	BUILDING
2. TITLE OF REPORT AND REPORTS CONTROL SYMBOL IF ONE HAS BEEN ASSIGNED					
3. TYPE OF REPORTING REQUIREMENT		4. IF REVISED, STATE NATURE OF REVISION			
NEW					
REVISED					
5. LIST ANY REPORTS TO BE SUPERSEDED BY THIS NEW OR REVISED REPORTING REQUIREMENT				6. PROPOSED DURATION OF REPORT	
				INDEFINITE	
				TEMPORARY (<i>Indicate period</i>)	
7. CITE DIRECTIVES, AUTHORITIES OR INSTRUCTIONS ORIGINATED BY YOUR IMMEDIATE ORGANIZATIONAL ELEMENT WHICH REQUIRE THIS REPORT					
8. CITE OTHER CURRENT DIRECTIVES, AUTHORITIES OR INSTRUCTIONS AFFECTING THE REPORT					
9. REPORT FORMAT (<i>Form no., memo, machine tabulation, etc.</i>)		10. REPORTING FREQUENCY (<i>Daily, weekly, monthly, as situations occur, etc.</i>)		11. DATE REPORT IS DUE IN YOUR OFFICE	
12. DESCRIBE SUPPORTING MATERIAL TO BE SUBMITTED WITH REPORT					
13. ACTIVITIES OR COMPONENTS REQUIRED TO SUBMIT THIS REPORT			14. DISTRIBUTION OF REPORT		
			ORIGINAL		
			COPIES		
			MORI/CDE		

15. DETAILED NEED FOR AND USE OF THIS REPORT (Include a statement to show how your problem or organization would be affected if the information you desire was not furnished.)

☐ CONTINUED ON SEPARATE SHEET

REVIEW BY CHIEFS OF COMPONENTS

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE

[illegible]

SIGNATURE

RECOMMENDATIONS

☐ CONTINUED ON SEPARATE SHEET

DATE _____

TITLE

S I G N A T U R E

RETURNED APPROVED

REPORTS CONTROL SYMBOL ASSIGNED

DATE _____

RETURNED DISAPPROVED

[illegible]

SIGNATURE

COMMENTS ARE ATTACHED